

Mary Washington Healthcare	
1001 Sam Perry Blvd Fredericksburg, VA 22401	
Print Date & Time:	4/20/2010 14:34
Printed by:	Janice Childs, RN

XXXFAIN, TIARRA LASHAE

MR# 832666

Room Number

3109-M

Patient ID: [REDACTED]

DOB: [REDACTED]

Age 21

Attending: UZOCHUKWU CHIZOBA

PP Flowsheet Assessment

	04/19/10 23:53	04/20/10 07:55	
Breast Pain			None
Feeding Preference			Breast
GASTROINTESTINAL			
Epigastric Pain			No
Nausea/Vomiting			Denies
Abdominal Tenderness			With Palpation
Bowel Sounds			Normal active; All Quadrants
Diet Type			Regular diet
Diet Amount			Fed self without assistance
Stool Description			Passing Flatus; None
GENITOURINARY			
Voiding			Voiding Freely
Bladder Distention			Non-distended
PERINEUM			
Episiotomy/Repaired Laceration			Approximated
Perineum/Labia			Minimal Swelling
Perineum Pain			Mild
FALL ASSESSMENT			
Fall History			(0) No
Secondary Diagnosis			(0) No
Equipment Assessment			(0) No
Fall Gait Assessment			(0) normal/bed rest/immob ile
Ambulatory Aid Assessment			(0) none/bedre st/wheelch air/nurse assist
Fall Mental Status Assess			(0) oriented to own ability
Elimination Assessment			(0) Within Normal Limits
Fall Age Assessment			(0) Age 6 - 65
Fall Detox Protocol			(0) No

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401		XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: XXXXXXXXXX DCB : XXXXXXXXXX Room Number 3109-M Age : 21 Attending: UZOCHUKWU CHIZOBA	
Print Date & Time: 4/20/2010 14:34	Printed by: Janice Childs, RN		

PP Flowsheet Assessment

	04/19/10	04/20/10	
Arrival	23:53	07:55	08:10
Fall Vision Assessment			(0) Adequate (with or without glasses)
Fall Medications Assessment			(0) None
Fall Score Computed			0 0
HYGIENE			
Shower			Self
Pericare			Self
Oral Care			Self
ACTIVITY			
Ambulate			Tolerated Well
Chair			Tolerated Well
SAFETY			
Siderails Up			x2
Call Bell in Reach			Yes
Bed Low and Locked			Yes
COMMENTS			
COMMENTS			Pt left ankle bears loose shackle attached to bed. Guard at bedside with key. Ankle/Foot appears pink, good cap refill, no swelling. Will continue to monitor.
Medication Charting for			
Record ID	100991	103216	107318
RN/LPN Countersign			J.Childs RN

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401 Print Date & Time: 4/20/2010 14:35 Printed by: Janice Childs, RN	XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: [REDACTED] DOB: [REDACTED] Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
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Postpartum- Teaching Record MWH

	04/18/10 22:40	04/19/10 16:00	04/19/10 17:57	04/20/10 13:30
INVOLUTION				
Lochia Changes	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
Healing		Teaching Complete; Listened Attentively; Verbalized Understanding		
Nursing				
EXERCISE				
Phlebitis	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
NUTRITION				
Medication	Teaching Complete; Listened Attentively; Verbalized Understanding	Teaching Complete; Listened Attentively; Verbalized Understanding		
BIRTH CONTROL				Received Information; Listened Attentively
Family Planning				
HANDLING BABY				
Cord Care		Teaching Complete; Listened Attentively; Verbalized Understanding		
Circumcision Care			Listened Attentively; Observed Nurse Demonstration	
Dressing		Teaching Complete; Listened Attentively; Verbalized Understanding		
Temps/SS of Illness		Teaching Complete; Listened Attentively; Verbalized Understanding		

Mary Washington Healthcare 1001 Sam Perry Blvd Fredericksburg, VA 22401	XXXFAIN, TIARRA LASHAE MR#: 832666 Patient ID: ██████████ DOB: ██████████ Attending: UZOCHUKWU CHIZOBA	Room Number 3109-M Age 21
Print Date & Time: 4/20/2010 14:35 Printed by: Janice Childs, RN		

Postpartum- Teaching Record MWH

	04/18/10	04/19/10	04/20/10	
	22:40	16:00	17:57	13:30
Bathing/Growth & Devel.		Teaching Complete; Listened Attentively; Verbalized Understanding		
Bowel/Bladder		Teaching Complete; Listened Attentively; Verbalized Understanding		
MOTHER/BABY SAFETY				
Car Seat/Seat Belts		Teaching Complete; Listened Attentively; Verbalized Understanding		
Recorded by	101415	105365	105365	107318

Mary Washington Healthcare	
1001 Sam Perry Blvd Fredericksburg, VA 22401	
Print Date & Time:	4/20/2010 14:34
Printed by:	Janice Childs, RN

XXXFAIN, TIARRA LASHAE	
MR#:	832666
Patient ID:	[REDACTED]
DOB:	[REDACTED]
Attending:	UZOCHUKWU CHIZOBA
Room Number	3109-M
Age	21

Postpartum Family Referral

	01/16/10 13:34	05/11/10 13:34	04/18/10 10:44	05/33
MATERNAL INFORMATION				
Age	21			
Date of Birth	5/18/1988			
Marital Status	Single			Married
Home Phone	5404081176			
Language Spoken	English			
Provider	WILKES CYNTHIA F		STADULIS LEEDYLYN H	UZOCHUKW U CHIZOBA D
Pediatrician	on call			
Hepatitis B	Negative			
FAMILY INFORMATION				
Adequate Access to	Electric			
Recorded by:	110379; 101767			

For the protection of your baby, we have an infant security system here at Mary Washington Hospital.

I understand that this is a locked unit and my visitors must call for entry. I will instruct my visitors not to allow anyone outside of their group in with them.

I understand that a tag will be placed on my baby.

I understand that the Yellow Passport has my signature on it.

I understand the Yellow Passport is to be shown by the nursing staff each time my baby is taken to the nursery or a scheduled event. I will only give my baby to persons carrying a Yellow Passport with my signature.

I understand the numbers on my baby's bracelet will be checked to match the numbers on my bracelet each time my baby is brought to me.

I understand that I will report all lost or loose bracelets to my nurse.

I understand that my baby will always be in a crib when taken from my room or from the Nursery. I understand that no one will walk in the halls carrying my baby in their arms.

I understand that after I am discharged, no health care worker will come to my home without an appointment.

Tiarra Lashae 4/18/10
Mother's Signature/Date

DW 4/18/10
Nurse's Signature/Date



R N 4 0 4 5
Infant Security Agreement
FR-1401-MWH Rev. 1/2010
White Copy: Patient, Yellow Copy: Medical Records

Mary Washington Healthcare
Mary Washington Hospital

XXFAIN	MWH
TIARRA LASHAE	
MRN: 832686	DOB: [REDACTED]
ACCT NO: [REDACTED]	Age: 021

Barcode graphic

EXHIBIT 1

Batch #2
Mary Washington
Hospital

000026

RECEIVED DEC 12 2012

ATTN: A FRANCUZENKO
COOK CRAIG FRANCUZENKO
3050 CHAIN BRIDGE RD STE 200
FAIRFAX VA 22030-2843



0373000026002

ATTENTION
Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
please call the phone number on the enclosed invoice

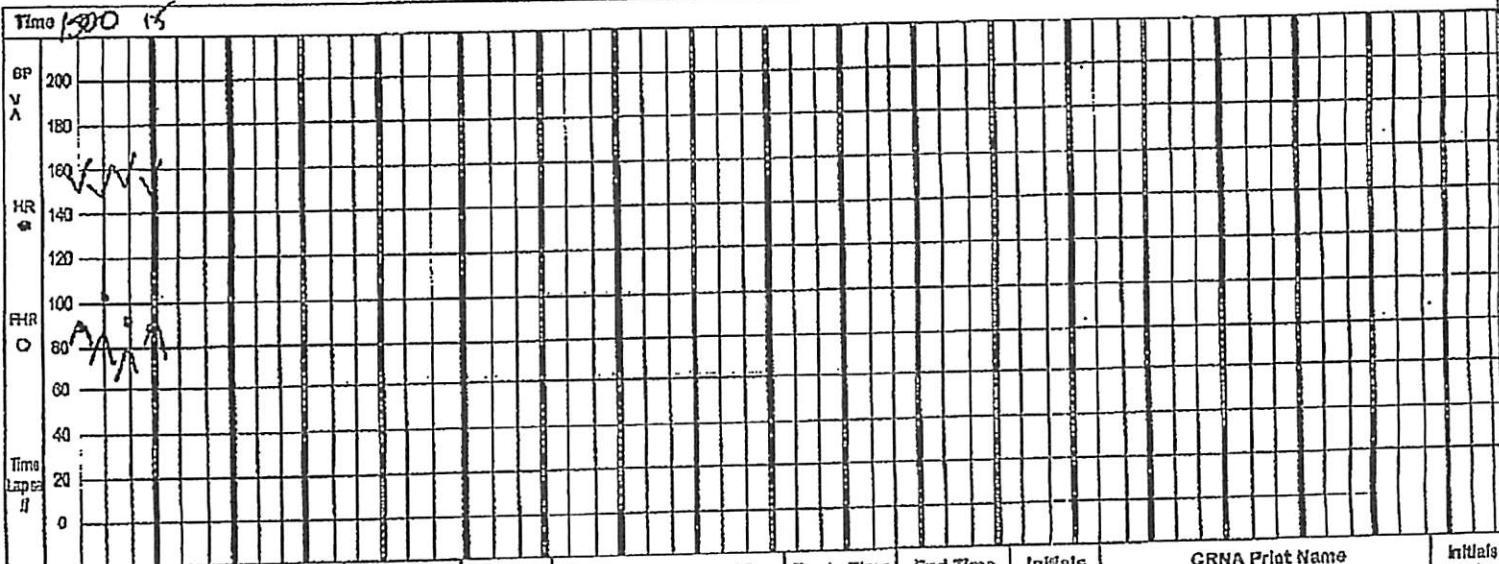
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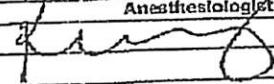
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If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

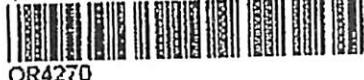
This package may or may not contain medical records, depending on what was requested and how it was processed.

Data	4/18/10	Allergy	<input checked="" type="checkbox"/> NKDA	Pre-procedure Vital Signs	Height	Weight	ASA	OB/Gyn Physician
				BP 142/92 HR 60	5'6"	93 Kg	II	Urochek, KWU
EPIDURAL TECHNIQUE			Labs WNL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Position	<input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Lateral	<input checked="" type="checkbox"/> Risk Benefits reviewed and accepted						
<input checked="" type="checkbox"/> Sterile Prep	<input checked="" type="checkbox"/> Informed consent given							
Local	<input type="checkbox"/> 1% Lidocaine 3 ml	Remarks (Initial all entries)						
Needle	1455. epid. cath placed without difficulty.							
Level	L3-4 <input checked="" type="checkbox"/> Tuohy 17cm	After, she feels more comfortable.						
<input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Paresthesia								
<input type="checkbox"/> All Above Neg. x3								
LOR @	5.5 cm							
Cath cm at skin	10.5 cm							
Test done	3 mL 1.5% with epi							
Other								
Response	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive							
Bolus at insertion	2 ml							
<input type="checkbox"/> 0.1% marcaine with 0.5 microgram/ml. Sufentanil								
<input checked="" type="checkbox"/> Other 0.25% Bupiv								
Maintenance	<input type="checkbox"/> 0.1% marcaine with 0.6 microgram/ml. Sufentanil							
<input type="checkbox"/> Other								
Setting: Infusion	10 mL/hour							
Bolus:	4 mLs every 15 minute							



Time	Begin Time	End Time	Initials	Epidural Placement Time	Begin Time	End Time	Initials	CRNA Print Name	Initials	
Epidural Placement	1455	1525	SL	Visit 6				Marie Johnson	SL	
Visit 1				Visit 6						
Visit 2				Visit 7						
Visit 3				Visit 8						
Visit 4				Visit 9						
Epidural Removal Time				Tip intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Anesthesiologist Signatures										
Delivery Type		Anesthesiologist								
		SL								

PTL 225



OR4270



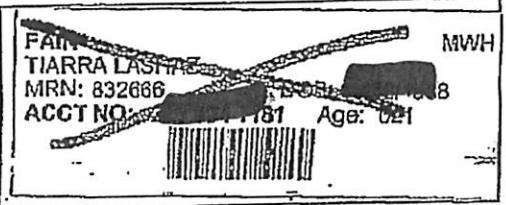
MediCorp
Health System

Labor Epidural Anesthesia Record
FR-1180-MHS 02/2009

Top Copy Chart

EXHIBIT
Bottom Copy Anesthesia

XXXFAIN	MWH
TIARRA LASHAE	
MRN: 832666	DOB: 08/08/81
ACCT NO: 81	Age: 021

Please Answer The Following Questions About Your Health History AGE		HEIGHT 5'10	WEIGHT 200
1. Please check the box for past problems, or circle the word for present conditions. (Additional space is avail. on the back if necessary)			
<input type="checkbox"/> Angina or Chest Pain (when? _____)		<input type="checkbox"/> Thyroid Disease	
<input type="checkbox"/> Heart Attack (when? _____)		<input type="checkbox"/> Hiatal hernia, Heartburn, or Reflux	
<input type="checkbox"/> Heart Surgery (when? _____)		<input type="checkbox"/> Hepatitis, Jaundice, or Liver Problems	
<input type="checkbox"/> Heart Failure (when? _____)		<input type="checkbox"/> Kidney Disease	
<input checked="" type="checkbox"/> Heart Murmur		<input type="checkbox"/> COPD or Emphysema	
<input type="checkbox"/> High Blood Pressure		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Pacemaker		<input type="checkbox"/> Asthma or Wheezing	
<input type="checkbox"/> Rheumatic Fever or Valve Problem		<input type="checkbox"/> Bronchitis <input type="checkbox"/> Obstructive Sleep Apnea	
<input type="checkbox"/> Anemia <input type="checkbox"/> Bleeding Problems		<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Hearing Problem	
<input type="checkbox"/> Anxiety or Depression		<input type="checkbox"/> Claustrophobia	
2. List any past operations: _____			
3. Have you or any of your relatives had any problem with Anesthesia or Surgery? <input checked="" type="checkbox"/> No			
4. List all the Medications (with drug dosages) you take daily: <u>Acetaminol</u>			
5. List All Drug Allergies: <u>Pen</u>			
Any history of Latex (rubber) allergy: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
!!! PLEASE DO NOT WRITE BELOW THIS LINE !!!			
Preoperative Chart Review			
Proposed Procedure: <u>Vag. Deliv.</u>			
Peritent Medical History: <u>Asthma - last used inhaler 4 mos. ago</u>			
Labs: N/A Date Drawn: _____			
HCT/CBC: N/A WNL Pending ABN: _____			
Chemistry: N/A WNL Pending ABN: _____			
EKG: N/A WNL NSST'S Pending ABN: _____			
CXR: N/A WNL Pending ABN: _____			
Other Tests: _____			
Comments: _____			
Anesthetic Plan to be determined after evaluation and consultation with the patient on the day of the surgery.			
Signature _____ MD/DO <u>4/18/10</u> Date _____			
Recovery Room and Discharge Evaluation			
Blood Pressure _____ Stable			
Pulse _____ Stable			
Respiration _____ Adequate			
Discharge To: Home SDS PEDS ICU MWH SH			
Time of Discharge Evaluation: _____			
Remarkable Events in the Recovery Room: _____			
Signature _____ MD/DO <u>/ /</u> Date _____			
 OR 4 2 2 0			
XXXFAIN TIARRA LASHAE MRN: 832666 ACCT NO: [REDACTED]			
MWH DOB: [REDACTED] Age: 021			
BIT 1			
 FAIN TIARRA LASHAE MRN: 832666 ACCT NO: [REDACTED] Date: 04/18/10 MWH Age: 021			
MWHC Anesthetic Health Q FR-670-MWHC Rev. 1/2010			

Please Use the Following Space to Provide Additional Information

XXXFAIN MWH
TIARRA LASHAE
MRN: B32666 DOB: 0 [REDACTED]
ACCT NO: 32666 Age: 021

FAIN TIARRA LASHAE MRN: 832666 MWH DOB: 10/10/1990

0 R 4 2 2 0



Mary Washington Healthcare

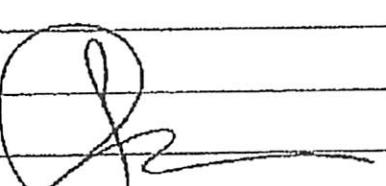
STAT

STAT =
medically
urgent &
necessary

ALLERGIES:

PCN

DO NOT USE FELT TIP PEN

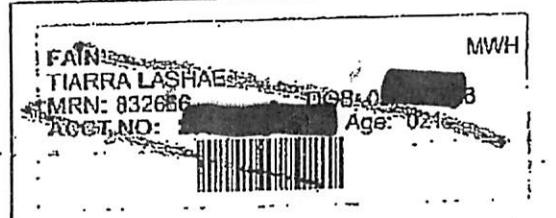
DATE	TIME	NOTES/TELETYPE	SCAN	CLERICAL ASSOC.	RN/LPN
4/18/10	0945	Tylenol 1000 mg P.O. x 1 dose now V.O.R.B. Dr. Machulsky, S. Wright			
		Noted S. Wright RN 4/18/10 @ 1000			
4/18/10	2235	chart J. Field, RN			
4/19/10	0230	chart ✓ B. Andersen			
4/19/10	1110	Chart ✓ M. Field, RN			MF
4/19/10	2245	chart ✓ B. Andersen, RN			
4/20/10	1200 pm	afc home			
					
		Fred Johnson			



Physician's Orders

SB-143-MWHC Rev. 1/10

XXXFAIN	MWH
TIARRA LASHAE	
MRN: 832668	DOB: 0
ACCT.NOC. 2	Age: 021
EXHIBIT I	



STAT

STAT =
medically
urgent &
necessary

Allergies

NKA

DO NOT USE FELT TIP PEN

Medications:

Lactated Ringers 1000 mL with Oxytocin 20 units at 125 mL/hour x 1 liter PRN for bleeding
Acetaminophen (Tylenol) 500 mg 2 tablets PO every 6 hours PRN for mild pain (1-3). Do not exceed 4000 mg in 24 hours.
Oxycodone 5 mg/Acetaminophen (Roxicet) 325 mg 1 tablet PO every 4 hours PRN for moderate pain (4-7)
Oxycodone 5 mg/Acetaminophen (Roxicet) 325 mg 2 tablets PO every 4 hours PRN for severe pain (8-10)
Zolpidem (Ambien) 10 mg PRN at bedtime PRN for sleep. Do not substitute.
Dolasetron (Anzemet) 12.5 mg IV every 6 hours PRN for nausea and/or vomiting
AlOH/MgOH (Mylanta) 30 mL PO every 4 hours PRN for indigestion
Bisacodyl (Dulcolax) 10 mg suppository per rectum PRN for constipation if no episiotomy or 4th degree laceration
Sodium Phosphate (Fleet) 1 enema per rectum PRN for constipation if no episiotomy or 4th degree laceration
Rubella Vaccine 0.5 mL subcutaneously x1 dose if mother not immune – administer at discharge, Do NOT give if patient required RHOGAM.

Mother's Medication:

Ibuprofen 600 mg PO every 8 hours PRN for pain
Docusate sodium (Colace) 100 mg 2 capsules PO at bedtime until BM then PRN. Send Rx message to Pharmacy to change to "at bedtime PRN".
Benzocaine spray (Dermoplast) after each voiding PRN for perineal discomfort
Dibucaine ointment PRN for hemorrhoids
Tucks pads to perineal area PRN for hemorrhoids
Lanolin ointment topical PRN for cracked or sore nipples
Eucerin cream topical PRN for dry/cracked skin

Postpartum Tubal Ligation:

Mini prep if needed Famotidine (Pepcid) 20 mg PO on call
Void on call to OR Metoclopramide (Reglan) 10 mg PO on call

Laboratory:

If RH Negative – RHOGAM SCREEN and administer RHOGAM if indicated

Diet:

Regular diet

Consults:

Lactation consultation first visit and PRN if breast feeding
Care Management for home care, social services, WIC, and other indications
Diabetes Management if INSULIN dependent Diabetic

Nursing:

Initiate standards of care and clinical pathway as appropriate
May transfer to Mother – Baby unit 1-2 hours post delivery
Vital signs and fundal checks every 15 minutes x 4, then every 30 minutes x 2, then per postpartum standard of care
Ice pack to perineum PRN x 24 hours
Sitz bath TID PRN – may use Epsom salt 120gm for perineal edema
OOB as tolerated. May shower.
Catheterize for bladder distention if unable to void. Use Foley for second catheterization. Leave Foley in place if greater than 100 mL urine obtained.
K Pad to affected area PRN

Scanned: *W* | Date: *4/18/10* | Time: *8:22am*

Mary Washington Healthcare

MD 4570

Postpartum Vaginal De XXXFAIN
FR-650a-MWHC Rev. 9/2005; 1/201 MRN: 832686
ACCT NO: *601*

MWH:

DOB: *021*
Age: 021

FAIN
TIARRA LASHAE
MRN: 832686
ACCT NO: *601*

DOB: *021*
Age: 021

MWH



EXHIBIT 1

**STAT**STAT =
medically
urgent &
necessary**Allergies/Desensitization Reaction:**

Patient's Weight _____ kg

DO NOT USE FELT TIP PEN**FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED****All Other Orders****Medications Only**

Admit as Inpatient to _____ unit
 Upon admission Institute fetal monitor, labor and delivery, and
 other standards of care as appropriate
 Diagnosis

Mylanta (AlOH/MgOH, Simethicone) 30 mL PO every 4 hours PRN
 for indigestion/heartburn
 Fentanyl (Sublimaze) 100 mcg IV every hour PRN pain scale
 greater than/equal to 5 and
 hold for respiratory rate less than 10
 Ondansetron (Zofran) 4 mg IV every 6 hours PRN for Nausea
 and or Vomiting

Labs:
 CBC, Type & Screen UA

Continuous epidural: Sufentanil with bupivacaine according to
 Anesthesiologist driven protocol
 Other (specify):

- PIH Labs: (CBC with differential, PT, PTT, Fibrinogen, Uric Acid, CMP, urinalysis)
- Drop In Labs (For patients without prenatal care, patients whose records are not available at the time of admission): (STAT CBC with differential, Rubella, RPR, Type and Screen, Hepatitis B Surface Antigen, G3S culture, Urinalysis, Urine Drug screen – if positive, send for confirmation, Rapid HIV test STAT if unknown status, history of STD and/or substance abuse with unknown status)
- Abruptio Labs: (CBC with differential, PT, PTT, Fibrinogen, RHG if Rh negative, Type & Screen)

For patients with positive Group B Strep begin prophylaxis:
 Penicillin G 5 million units IV loading dose STAT then 2.5 million units every 4 hours until delivery
 Ampicillin 2 gram IV loading dose STAT, then 1 gram every 4 hours until delivery

For Penicillin Allergic (not high risk of anaphylaxis) patients:
 ceFAZolin (Anecef) 2 g IV initially then 1 g IV every 8 hours until Delivery

For Penicillin Allergic (high risk of anaphylaxis) patients:
 Clindamycin 900 mg IV every 8 hours until delivery OR
 ERYTHromycin 500 mg IV every 8 hours until delivery

For GBS resistance to clindamycin or ERYTHromycin or unknown susceptibility:
 VancoMYCIN 1 g IV every 12 hours until delivery

Dietary:

NPO if C-section patient
 Clear liquids until active labor, then ice chips

IV Fluids
 Bolus IV with 500-1000 mL of Lactated Ringers prior to epidural according to patient status

Activity:
 May be OOB if membranes are intact, if ROM need physician order.
 Notify physician/CNM when membranes rupture

LR 1000mL @ 80mL per hour with 18 G V catheter titrated for a total IV fluid intake of 80 mL/hr

Nursing:
 Foley Catheter for bladder distention PRN while in labor
For non-reassuring fetal heart pattern:
 Start oxygen 100% at 10 LPM via nonrebreather face mask
 Position change, fluid bolus of Lactated Ringers 200 mL, and
 notify health care provider

Discontinue IV prior to transfer to Mother-Baby unit unless otherwise ordered, convert IV to PRN adapter if patient Rh negative.

Consult
 Anesthesia for Epidural for active, progressive labor

Magnesium sulfate per "Magnesium Sulfate Administration for Preterm Labor or Pre-eclampsia/Eclampsia Protocol"

For C-Section patients
 Mini abdominal prep
 Insert foley catheter
 SCD applied intra-operatively

For C-Section patients
 Sodium citrate and citric acid 30 mL PO 30 minutes prior to OR
 ceFAZolin (Anecef) 2 Grams IV 30-60 minutes prior to Incision

Scanned: 4/18/10

Date: 4/18/10

Time: 6:00 AM

Physician Signature: Chadwick

Clerical Associate: Chadwick

RN/LPN: Chadwick



MD 4570

 XXXFAIN
 TIARRA LASHAE
 MRN: 832666

MWH

DOB: 0

Age: 021

 FAIN
 TIARRA LASHAE
 MRN: 832666
 ACCT NO: 2

DC

Age: 021

STAT

STAT =
medically
urgent &
necessary

List Allergies/Describe Reaction:

PCN

Patient's Weight kg

+

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

Weight kg

All Orders Except Medications

Medication Orders

<input checked="" type="checkbox"/> Induction	Indication: <u>29H</u>
<input type="checkbox"/> Augmentation	Indication: <u> </u>

Dinoprostone (Cervidil®) 10 mg intravaginally
Pull after 12 hours or at onset of active labor or tachysystole
Wait 30 minutes after removal prior to Oxytocin initiation

Misoprostol (Cytotec®) 25 mcg Intravaginally
Every 4 hours. No more than 6 doses.

Wait 4 hours after last dose prior to Oxytocin initiation
Hold dose if tachysystole.

Oxytocin Low Dose Protocol

(Oxytocin 30 units in 500 ml Lactated Ringers)

1 milli-unit/minute = 1 ml/hour
Initial dose 1 milliunit/minute

Administer oxytocin infusion via infusion pump, starting at 1 milliunits/minute and advance by 1 or 2 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached.

Maximum acceptable rate of infusion: 20 milliunits/minute

Oxytocin High Dose Protocol:

(Oxytocin 30 units in 500 ml LR)

1 milli-unit/minute = 1 ml/hour

Administer oxytocin infusion via infusion pump, starting at 4 milliunits/minute and advance by 4 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached.

Maximum acceptable rate of infusion: 30 milliunits/minute

For Tachysystole with Category I:

Maternal repositioning to left or right lateral

IV fluid bolus of at least 250 mL Lactated Ringers

If uterine activity has not returned to normal after 15 minutes, decrease oxytocin rate by half; if uterine activity has not returned to normal after 15 more minutes, discontinue oxytocin until uterine activity is no more than 5 contractions in 10 minutes.

When oxytocin has been discontinued for less than 30 minutes, restart oxytocin at one half the rate that caused the tachysystole.

If oxytocin is discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Scanned: Date: 4/18/10 Time: 6:29 pm Physician Signature: 12/20/10

Clerical Associate: RN/LPN:

MWH: FAIR: TIARRA LASHAE:

MRN: DOB:

ACCT NO: ACCN NO: AGE:

MD 4 5 7 0

XXFAIN
TIARRA LASHAE
MRN: B32666
ACCT NO:

EXHIBIT 1

STATSTAT =
medically
urgent &
necessary

List Allergies/Describe Reaction:

PCN

Patient's Weight _____ kg

+

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

All Orders Except Medications

Medications

 For Tachysystole with Category II or III

Discontinue oxytocin infusion.

Remove Cervidil

Notify care provider.

Maternal repositioning to left or right lateral.

IV lactated ringers fluid bolus of at least 500 mL

Consider oxygen at 10 L/min via non-rebreather face mask. (Discontinue as soon as possible)

After uterine activity has returned to normal and if Category I FHR criteria are met, restart oxytocin infusion as below:

If oxytocin discontinued less than 30 minutes, restart oxytocin infusion at one-half the rate that caused the tachysystole.

If oxytocin discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Titrate dose to protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions).

IV Fluids

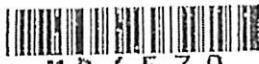
Decrease mainline IV rate to maintain IV fluid intake at 80 mL/hour once oxytocin initiated

Scanned: _____
Clerical Associate: _____
RN/LPN: _____4/18/10
Date6:32pm
Time

Physician Signature

A. Gandy

Noted & Signed 4/18/10/2010



MD 4570

Mary Washington Healthcare

Induction / Augmentation Physician Orders

FR-1914-MWHC 12/2009; 1/2010 (form logo only)

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACGT NO: [REDACTED]PAIN
TIARRA LASHAE
MRN: 832666
ACGT NO: [REDACTED]DOB: [REDACTED]
Age: 021

MWH

DOB: [REDACTED]
Age: 021

MWH

~~STAT~~

STAT =
medically
urgent &
necessary

List Allergies/Describe Reaction:

PCN

Patient's Weight _____ kg

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

Weight _____ kg

All Orders Except Medications		Medication Orders
<input checked="" type="checkbox"/> Induction	Indication: <i>LGT</i>	<input type="checkbox"/> Dinoprostone (Cervidil®) 10 mg Intravaginally Pull after 12 hours or at onset of active labor or tachysystole Wait 30 minutes after removal prior to Oxytocin initiation
<input type="checkbox"/> Augmentation	Indication:	<input type="checkbox"/> Misoprostol (Cytotec®) 25 mcg Intravaginally Every 4 hours. No more than 6 doses. Wait 4 hours after last dose prior to Oxytocin initiation Hold dose if tachysystole.
Implement Intrapartum Physician Orders Intake and Output every 8 hours.		<input checked="" type="checkbox"/> Oxytocin Low Dose Protocol (Oxytocin 30 units in 500 ml Lactated Ringers) 1 milli-unit/minute = 1 ml/hour Initial dose 1 milli-unit/minute Administer oxytocin infusion via infusion pump, starting at 1 milliunits/minute and advance by 1 or 2 milliunits/minute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal – fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at “moderate to strong” at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached. Maximum acceptable rate of infusion: 20 milliunits/minute
Intensify nursing care for 1:1 on Oxytocin High Dose Protocol		<input type="checkbox"/> Oxytocin High Dose Protocol: (Oxytocin 30 units in 500 ml LR) 1 milli-unit/minute = 1 ml/hour Administer oxytocin infusion via infusion pump, starting at 4 milliunits/minute and advance by 4 milliunits/mirute every 30 minutes within the limits of the intrapartum protocol to achieve an acceptable maternal – fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at “moderate to strong” at peak contraction; and uterine relaxation between contractions). Use lowest dose possible to achieve adequate progress of labor. Call physician when maximum dose reached. Maximum acceptable rate of infusion: 30 milliunits/minute
For Tachysystole In Category I, II or III Implement the Cervical Ripening/Oxytocin Tachysystole Algorithm and notify physician as indicated		For Tachysystole with Category I: Maternal repositioning to left or right lateral IV fluid bolus of at least 250 mL Lactated Ringers If uterine activity has not returned to normal after 15 minutes, decrease oxytocin rate by half; if uterine activity has not returned to normal after 15 more minutes, discontinue oxytocin until uterine activity is no more than 5 contractions in 10 minutes. When oxytocin has been discontinued for less than 30 minutes, restart oxytocin at one half the rate that caused the tachysystole. If oxytocin is discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Scanned:

Clerical Associate:

RN/LPN:

4/18/10

Date

6:21 pm

Time

[Signature]
Physician Signature



M.D. 4 5 7 0

XXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 2

MWH

FAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 2

MWH

Induction / Augmentation

FR-1914-MWHC 12/2009; 1/2010 (form #

STAT

STAT =
medically
urgent &
necessary

list Allergies/Describe Reaction:

Patient's Weight _____ kg

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED

All Orders Except Medications

Medications

For Tachysystole with Category II or III

Discontinue oxytocin infusion.

Remove Cervidil

Notify care provider.

Maternal repositioning to left or right lateral.

IV lactated ringers fluid bolus of at least 500 mL

Consider oxygen at 10 L/min via non-rebreather face mask. (Discontinue as soon as possible)

After uterine activity has returned to normal and if Category I FHR criteria are met, restart oxytocin infusion as below:

If oxytocin discontinued less than 30 minutes, restart oxytocin infusion at one-half the rate that caused the tachysystole.

If oxytocin discontinued for greater than 30 minutes, restart oxytocin infusion at the beginning administration dose.

Titrate dose to protocol to achieve an acceptable maternal - fetal response to labor (i.e., contractions occurring every 2-3 minutes and lasting 60 - 90 seconds; fundus palpating at "moderate to strong" at peak contraction; and uterine relaxation between contractions).

IV Fluids

Decrease mainline IV rate to maintain IV fluid intake at 80 mL/hour once oxytocin initiated

Scanned: *[Signature]*
Clerical Associate: *[Signature]*
RN/LPN: *[Signature]*

2/18/14
Date

10:24 am
Time

[Signature]
Physician Signature



MD 4570

Mary Washington Healthcare

FAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 20000014481

MWH



Induction / Augmentation Physician Orders

FRM1014-MWHC 12/2009; 1/2010 (form logo off)

XXXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 20000014481

DOB: 02/01/1981

MWH

*Ordered S. Wing
2/18/14 10:00 AM*



STAT

STAT
Medically
Urgent &
Necessary

ALLERGIES:

Medication: PCN

Food:

Patient Pregnant
 Patient Lactating

4/19/2010 05:56

DO NOT USE FELT TIP PEN

For Those Orders with Options, Items MUST be marked or the Order is not Initiated

Home Medications Only
Must Indicate status (Continue/Discontinue)
NO MEDICATIONS OTHER THAN HOME MEDS ON
THIS FORM

Source: Patient

	DOSE:	ROUTE:	FREQUENCY:	Cont.	Dis-Cont.	On Admission, Change this Order to:	Continue Original Dose at Discharge
PNV	1	po	daily	C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N
				C	DC		Y / N

T Eye RN

Completing/Verifying Signature Date/Time

24 Hour Chart Check Complete (RN/LPN)

4/19/10 @ 1700 W. Field, RN
Date/Time/Signature RN/LPN

Yes, This is an Order. Scan to
Pharmacy.

No, this is Not an Order. Medications
to be reviewed again at discharge.
Scan to Pharmacy.

*If this box is not checked this
will default to an order*

4/19/2010

Comments:

MD Signature/Date/Time

Scan to Pharmacy after MD Reconciliation

4/19/10 @ 1700

Initials/Date/Time



MD5365

Home Medication Reconciliation Physician Orders

EXHIBIT

XXXFAIN, TIARRA LASHAE

MR #: 832666

Patient ID#: 2

DOB:

Attending: UZOCHUKWU CHIZOBAD

PATIENT INFORMATION

PATIENT NAME FAIN TIARRA LASHAE	MR. NO 832666	PATIENT ACCOUNT NO 2036941181		
ADM DATE 04/18/2010	TIME 05:33	TYPE F	RACE B	SEX F DOB [REDACTED] AGE 21 Years M/S M RELIGION DO NOT LIST
ROOM & BED 308S3109 -M	ADM SOURCE RP	FC K	SVC GBS	SOC SEC NO [REDACTED] HOME PHONE (540)408-1176 OTHER PHONE (914)233-6098
ADDRESS 308 STAFFORD STAFFORD		EMPLOYER'S PHONE NO.		
EMPLOYER'S NAME UNEMPLOYED	EMPLOYER'S ADDRESS			
ADMITTING DOCTOR UZOCHUKWU CHIZOBA D	ATTENDING DOCTOR UZOCHUKWU CHIZOBA D	PCP DOCTOR UNK	DISCH DISP AHR	DISCH DATE 04/20/2010
DIAGNOSIS INDUCTION				
COMMENTS				

EMERGENCY CONTACT

EMERGENCY CONTACT MESSIAH HILL	REL OTHER	EMERGENCY HOME PH [REDACTED] 4929	EMERGENCY WORK PH
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GUARANTOR INFORMATION

GUARANTOR NAME FAIN TIARRA	REL TO PATIENT	SOC SEC NO [REDACTED]	HOME PHONE (540)408-1176	WORK PHONE
ADDRESS 308 CROSSBRIDGE CT STAFFORD VA 22554	GUAR EMPLOYER'S ADDRESS			
GUARANTOR'S EMPLOYER UNEMPLOYED				

INSURANCE

PLAN CD K68	INS. DESCRIPTION MEDICAID HEALTHKEEPERS PLUS	POLICY ID. NO. [REDACTED]	AUTHORIZATION NO. [REDACTED]
REFERRAL NO.	COB 1	PHONE NO. OF INSURANCE CO. (800)533-5592	ADDRESS OF INSURANCE CO. PO BOX 26623
ADDRESS OF INSURANCE CO. 2 RICHMOND VA 23261	SUBSCRIBER'S NAME FAIN TIARRA	SUBSCRIBER REL TO PT SELF	

Mary Washington Hospital
1001 Sam Perry Blvd. Fredericksburg, Virginia
22401

PT NAME: FAIN TIARRA
DOB: [REDACTED]
AGE: 21 Years
MRN #: 832666
ACCT: [REDACTED]

FACESHET

Date of Admission: 4/18/10

Hospital admission is certified necessary for the following reason(s): See presenting symptoms and diagnoses in history and physical and/or prenatal record

Estimated hospital length of stay: 2-3 days

Plan of Care:

- Medication: See Physician Admission orders/History & Physical
- Treatments: See Physician Admission orders/History & Physical
- Rehabilitative Services: See Physician Admission orders/History & Physical (if applicable)
- Social Services Consult: See Physician Admission orders/History & Physical (if applicable)

Functional Level:

Infant/child
 Ambulatory
 Ambulatory with assistance
 Chair confined
 Bed confined

Plans for discharge:

Home with office follow up
 Home with home health care
 Extended care facility
 Home for adults
 Other (specify): _____

I hereby certify that this hospital admission is/was necessary and appropriate and that this determination was made on the day of admission:

Physician signature: J. B. Hall

Date: 4/18/10

R I 5 1 0 0
**Medicaid Admission Certification/
Plan of Care – Labor & Delivery**

FR-1824-MWHC Rev. 1/2010

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2

MWH
DOB: [REDACTED]
Age: 021

FAIN	MWH
TIARRA LASHAE	
MRN: 832666	DOB: [REDACTED]
ACCT NO: 2	Age: 021

EXHIBIT 1

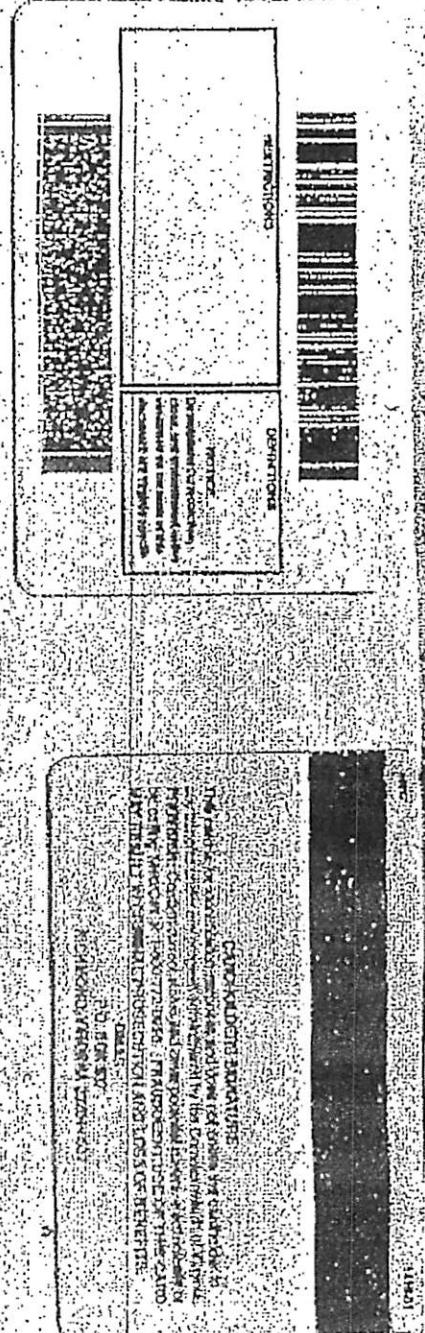
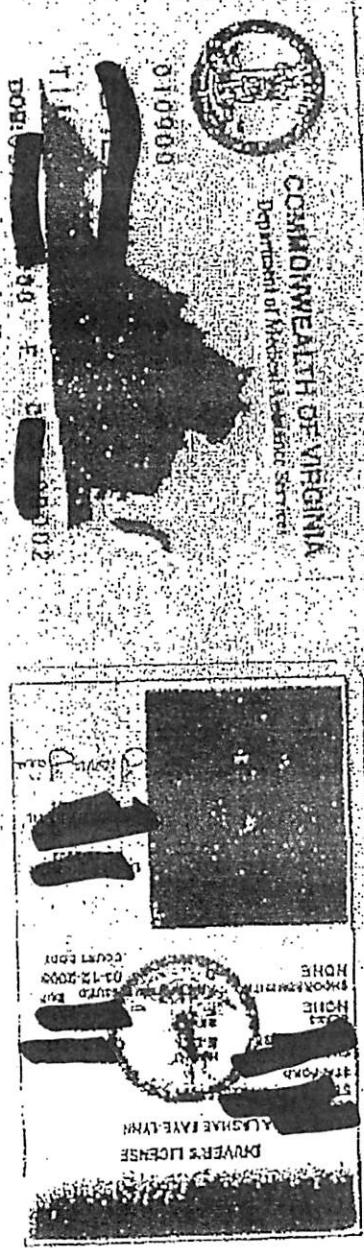


EXHIBIT 1